

**MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

0825341 6-15-09

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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44		1				
45		1				
46		1				
47		1				
48	1					
49						
50						
TOTAL IND.	3					
TOTAL DEP.	26					
TOTAL CLAIMS	29					

	IND		DEP		IND		DEP		IND		DEP	
51												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												